DEPARTMENT OF POLICE CITY OF HARRISBURG APPLICATION FOR SPECIAL EVENT PERMIT

Purpose of Special Event:			DO NOT COMPLETE SHADED AREA			
Name of Applicant:				Γ	Date	, 20
Name of Applicant: Te	elephone N ^{o.} :					
				This Is To Cer	tify That	
Name of organization sponsoring Spe	cial Event:					
			-	(Name of individual or org	anization or both)	
Address:Te	elephone N ^{o.} :					
				ed permission to ho of the City of Harrish		vent upon the
Date of Special Event:						
Starting Time: m. App	roximate time of di	smissal: m.				
Approximate number of persons in lin						
Approximate number of automobiles	in line:					
Approximate number of motorcycles	in line:					
Approximate number of horses in line	2:					
Formation:						
Formation: Name of Chief Marshall: Address: Te						
Address:Te	elephone N ^{oo} :					
Route of Special Event:			on the	day of	20	hatwaan the
			hours of	day of m. and	, 20 m. Prov	iding that such
			Special Event sh	all be orderly and sha	ll comply with a	lunig that such
				ke this permit an any		
				S	Signed	
Note: Applications for permits must by in the hand previous to the time fixed for such precession or p	d of the Chief of Police no arade.	ot less than 3 days		_	Chief of	Police
Do Not Complete Shaded A	•					
Application returned to the Office of Chief of Police on the day of	of, 20	_ at m.				